S. No. 2
M—2-43
. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29930

Registration District No. 104 Primary Registration District No. 3019 Registrar's No. 168

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pirtle Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Parcola (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dorothy Pauline Tate

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 7 - 1920 (Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Hayti (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name D. S. Eveland

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Minnie M. Bell

15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Harvey Eveland

(b) Address Parcola, Mo.

17. (a) Ingram Bridge (Burial, cremation, or removal) (b) Date thereof 9-14-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Ingram Bridge

18. (a) Signature of funeral director Hartzog Und. Co.

(b) Address Caruthersville Mo.

19. (a) 9-16-1946 (Date received local registrar) (b) Earl Hurston (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1946 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from 9-12-46, 19__, to 9-13-46, 19__; that I last saw her alive on 9-13-46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral bronchical pneumonia	4 days
Epilepsy	
Due to: Severe toxemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

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PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. R. Pirtle (M. D. or other)

Address Kennett, Mo. Date signed 9-16-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 9446-1148
Date Filed 9-24-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carthusville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.